

Course Change/Cancellation
Michigan Department of Labor & Economic Growth
Bureau of Construction Codes & Fire Safety / Office of Fire Fighter Training
P.O. Box 30700, Lansing, MI 48909
517-373-7981

Authority: 1966 PA 291

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Cancel Course
Course Changes
Date Changes
Video Request Change

Location of Course

NAME OF FACILITY	COUNTY	CITY
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Administrative Information

COURSE MANAGER NAME	SOCIAL SECURITY NUMBER*	DAYTIME TELEPHONE NUMBER (Include Area Code)
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Course to be Changed or Canceled

COURSE NUMBER	COURSE NAME
Check to cancel	<i>If a course is canceled, please return all student manuals furnished by the OFFT.</i>
Check to change date(s)	NEW START DATE NEW END DATE
Note: Prior to canceling or rescheduling a Fire Fighter I or II exam or a Fire Officer I or II exam please notify the training coordinator	
Check to change Course Manager	NAME OF NEW COURSE MANAGER SOCIAL SECURITY NUMBER*
Check to change Lead Instructor	NAME OF NEW LEAD INSTRUCTOR SOCIAL SECURITY NUMBER*
If you are NOT canceling a course, changing the new start and/or new end date(s) , or changing the new lead instructor , list the item(s) to be changed:	
Reschedule Videos? Yes No	Rescheduling of videos will require a BCCFS-104 Video Schedule be attached to this form with the new dates for the requested videos

COURSE NUMBER	COURSE NAME
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Note: Prior to canceling or rescheduling a Fire Fighter I or II exam or a Fire Officer I or II exam please notify the training coordinator	
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Approval

COURSE MANAGER SIGNATURE	DATE
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Instructions Course Change/Cancellation

Electronic Completion - This form may be completed electronically and printed. In order to save your completed form, you must have the full version of Adobe Acrobat.

Tracking Number - Enter the Tracking Number from the BCCFS-110 (formerly FMD-110) Course Approval form that contains the Course Number(s) you want to change or cancel.

Location of Course - Must be completed.

Administrative Information - Must be completed.

Courses to be changed or canceled - Complete as appropriate.

Approvals - The Course Manager must sign and date the completed form.

Mail or fax the completed form to your Region Supervisor

Gary Crum Region 1 & 2 Supervisor Office of Fire Fighter Training 2922 Fuller Ave. NE, Ste. 114 Grand Rapids, MI 49505 Telephone: 616-447-2689 Fax: 616-447-2668 email: gdcrum@michigan.gov	Deward Beeler Region 3 Supervisor Office of Fire Fighter Training 411 East Genesee, 4th floor Saginaw, MI 48607 Telephone: 989-758-1912 Fax: 989-758-1616 email: dbbeele@michigan.gov
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